

Santa Rosa County Sheriff's Office



Santa Rosa County Sheriff's Office
Sheriff Bob Johnson



CITIZEN COMPLAINT

Please Print

Date and time of this complaint: August 7, 2018 Incident #: SRSO018JIN005200

Reference Complaint #: _____ Deputy Taking Complaint: Major R.P. Tift ID #: 1309

Complainant: William & Amanda Moye
First Middle Last

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: 850-232-1046

Date and time incident occurred: July 7, 2018

Location/Address of occurrence: Santa Rosa County Jail

Employee(s) involved in allegations(s): Sgt. Amos, Lt. Taylor, Deputy Hopkins

Witness: _____
Name Street Address City/State Home Phone Work Phone

(List additional witnesses in narrative.)

Nature of Allegation(s): The father and mother of inmate Moye, William and Amanda Moye, met with me on 8-7-18 regarding a Use of Force that occurred on their son while he was housed in the jail. They advised after review of the incident reports and video of a Use of Force, they felt the Use of Force was excessive and not justified. They advised the injuries to their son were unjustified and the incident reports did not match the video. They advised the behavior of their son did not warrant the level of Use of Force that occurred. I advised them that I would conduct a Supervisory Inquiry and forward the complaints to IA for further review.

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Findings: _____

Actions Taken: **Forward to IA for review and investigation.**

Final Clearance:

- ☒ Exonerated Proper conduct, An incident occurred as described, but the member was found not to be negligent or at fault.
☐ Sustained (Improper Conduct): The investigation revealed sufficient facts that the allegation(s) were found to be true.
☐ Not Sustained The investigation discloses insufficient evidence to clearly prove or disprove the allegation.
☐ Unfounded The investigation revealed sufficient facts to indicate that the incident did not occur.
☐ Partially Sustained The incident has two or more allegations, and at least one of the allegations is sustained.
☐ Violation not based on original Complaint: Investigation discloses violation(s) not mentioned in the initial allegation.

Complaint Notification of Findings:

Date: 8-14-18 By: [Signature]

Comments: ATT: CONTACT 8/14 2018 PM

NOTIFIED MR. Maye on 8/14/18 @ 1232 pm

☐ Please check here if the complainant refuses to have personal contact by a deputy.

I do hereby affirm that the information provided by me is true and complete to the best of my knowledge and belief. I understand That any false, misleading or untrue statements, accusations of allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal liability under Florida State Statute 837.06, "Whoever knowingly makes false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree punishable by a definite term of imprisonment not exceeding 60 days and a fine of \$500.00."

"Any person who is a participant in an internal investigation, including the complainant, the subject of the investigation, the investigator conducting the investigation and any witnesses in the investigation, who willfully disclose any information obtained pursuant to the agency's investigation, including, but not limited to the identity of the deputy under investigation, the nature of the questions asked, information revealed or documents furnished in connection with a confidential internal investigation or any agency before such complaint, document, action or proceeding becomes public record as provided in the section, commits a misdemeanor of the first degree, punishable as provided in F.S.S. 775.082 or F.S.S. 775.083." Florida State Statute 112.533 (Penalty: up to 1 year in jail and/or up to \$1000.00 fine)

I hereby acknowledge that I have read the preceding and understand its provisions.

Signed: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Witness: _____

(Per F.S.S. 117.10)